IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Jane Hirsh, Roman V. Rariy, Shubha Chungi, Michael Heffernan and Srinivas G. Rao

Serial No.: 10/691,936 Art Unit: 1615

Filed: October 23, 2003 Examiner: Humera N. Sheikh

For: *MODIFIED RELEASE COMPOSITIONS OF MILNACIPRAN*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

DECLARATION UNDER 37 C.F.R. § 1.132

The undersigned, Dr. Martin Keller, does hereby declare and state that:

1. I am the Mary E. Zucker Professor and Chairman of the Department of Psychiatry and Human Behavior at Brown Medical School in Providence, RI, as well as Psychiatrist-in-Chief at Butler Hospital and Executive Psychiatrist-in-Chief at the six Brown Medical School affiliated hospitals. I have received more than 20 research grant awards from the NIH and numerous grants from research foundations and the pharmaceutical industry. I am the recipient of the 1998 National Alliance for Research on Schizophrenia and Depression (NARSAD) Lieber award for research on the causes, pathophysiology, treatment, and prevention of depression. I was awarded the 1999 Klerman Lifetime Research Award from the National Depression and Manic Depression Association. I was also the recipient of the 2001 American College of Psychiatrists

Mood Disorders Lifetime Research Award for major research contributions to the understanding and treatment of mood disorders and 2005 Voice of Mental Health Award from The Jed Foundation for contributions in the area of suicide prevention. My CV is attached as Appendix A.

2. This application is assigned to Collegium Pharmaceutical. I have not been paid to render this opinion nor am I an inventor or direct beneficiary of this application. However, I have a financial interest in Collegium Pharmaceutical as an owner of less than 0.3% of the outstanding shares of the company.

3. Collegium has asked me to render an opinion on the non-obviousness of the modified release milnacipran formulation defined by the claims in U.S.S.N. 10/691,936 filed October 23, 2003. In order to render this opinion, I have reviewed the published patent application (Appendix B), the amendment and response filed April 12, 2007 (Appendix C), and the Office Action mailed September 20, 2007 and references cited therein (Appendix D).

4. It is well known that Milnacipran (Ixel®, Pierre Fabre) which is available as an antidepressant outside of the US has demonstrated numerous adverse reactions in human clinical trials with side effects increasing with an increasing dose. Given that the side effects associated with Milnacipran administration are well pronounced even at the fairy low daily doses (i.e., 50 mg per day) administered twice-a-day (as it can be seen from Table 1 of U.S.S.N. 10/691,936), it is not obvious how to develop a once-a-day formulation that would deliver a therapeutic Milnacipran dose and demonstrate diminished incidence and reduced intensity of side effects relative to the immediate release product. This is especially a problem in that the drug is being

developed in the US for the treatment of Fibromylagia and recent published Phase III clinical trial data has shown the need to use doses as high as 200 mg per day. In these trials, 200 mg of milnacipran per day administered twice-a-day in an immediate release formulation. The incidence of nausea and vomiting was in the range of 40%. Traditionally, when a twice-a-day immediate release formulation shows an acceptable side effect profile and once-a-day formulation of the same drug is desired, an extended release formulation is the choice of one ordinarily skilled in the art. It is important to note that milnacipran is a very unique molecule in that it is a norepinepherine serotonin reuptake inhibitors or NSRI (as compared to a selective serotonin reuptake inhibitor (SSRI)) and has a norepinepherine (NE) to serotonin reuptake (5-HT) blockade ratio that is 2:1. This results in some unique tolerability challenges compared to the better known SSRI's (e.g., fluoxetine). It was only through the extraordinary understanding of the pharmacology and pharmacokinetics of (NSRI's) and intuition of the inventors that it was determined that based upon the published milnacipran side effect data that the side effects may be both locally *and* centrally mediated. This led to the design of a customized modified (delayed and extended) formulation of milnacipran that combined a delayed release component to alleviate locally mediated side effects with an extended release formulation that lowered the slope of the plasma curve and increased T_{max} to effectively decrease centrally mediated side effects and provided for a once-a-day administration of the drug. As evidenced by the small yet confirmatory clinical trial, the delayed and extended release once-a-day formulation resulted in a favorable tolerability profile. Moreover, the unmet long-standing need for Milnacipran once-a-day formulation with diminished incidence and reduced intensity relative to one or more

immediate release Milnacipran side effects demonstrates the complexity of the problem and characterizes a skill set that is above of that of an ordinary skilled in the art required to solve it.

5. Only through a careful understanding of the relationship of the therapeutic dose to plasma levels, knowledge of the pharmacology of NSRI's and the onset of side effects could a modified dosage form be designed that reduces, diminishes, or prevents locally mediated and centrally mediated side effects while still providing a high enough dose to be efficacious. The present application discloses the pharmacokinetic profiles necessary to achieve this delicate balance between maintaining a therapeutically effective plasma level and reducing the incidence and/or severity of unwanted side effects and discloses the formulations necessary to achieve these profiles. These modified release formulations, their pharmacokinetic profiles and their effectiveness in reducing the incidence of common milnacipran side effects is generally demonstrated by reference to the data attached in Appendix E. This data demonstrates that the formulations provide *in vivo* drug plasma levels characterized by a T_{max} at 4-10 hours and an approximately linear drop-off thereafter and a C_{max} below 3,000 ng/ml. Further, **none** of the subjects at any given time during the bioavailability study conducted under **fasting** conditions experienced any of the common side effects of milnacipran such as nausea, vomiting, sweating and tremors (it is important to note that Milnacipran side effects are the most pronounced under **fasting** conditions). These data establish that the presently claimed modified release formulations are effective to deliver efficacious levels of milnacipran over an extended period of time while diminishing incidence and reducing intensity relative to one or more immediate release Milnacipran side effects.

6. I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

12/14/07
Date

Martin Keller
Dr. Martin Keller

Appendix C: Amendment and response filed April 12, 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Jane Hirsh, Roman V. Rariy, Shubha Chungi, and Michael Heffernan		
Serial No.:	10/691,936	Art Unit:	1615
Filed:	October 23, 2003	Examiner:	Humera N. Sheikh

For: *MODIFIED RELEASE COMPOSITIONS OF MILNACIPRAN*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

Responsive to the Office Action mailed on January 12, 2007, please amend the application as follows. It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.

Amendment

1. (currently amended) A milnacipran formulation that provides delayed or extended release of milnacipran to produce a therapeutic effect over approximately 24 hours when administered to a patient in need, with diminished incidence ~~and~~ or reduced intensity relative to one or more immediate release milnacipran side effects.

2. (original) The milnacipran formulation according to Claim 1, wherein the side effect is nausea.

3. (currently amended) The ~~malnacipran~~ milnacipran formulation according to Claim 1, wherein the side effects are selected from the group consisting of vomiting, headache, tremulousness, anxiety, panic attacks, palpitations, urinary retention, orthostatic hypotension, diaphoresis, chest pain, rash, weight gain, back pain, constipation, vertigo, increased sweating, agitation, hot flushes, tremors, fatigue, somnolence, dyspepsia, dysoria, nervousness, dry mouth, abdominal pain, irritability, and insomnia.

4. (original) The milnacipran formulation according to Claim 1 having a milnacipran release profile that is characterized by release of less than approximately 10% of the total dose over a period up to four hours, followed by a slow or extended drug release.

5. (original) The milnacipran formulation according to Claim 4 wherein the defined period of time is between approximately four and approximately twenty-four hours.

6. (original) The milnacipran formulation according to Claim 1 providing milnacipran blood plasma levels that are characterized by T_{max} at 4-10 hours, and C_{max} below approximately 3000 ng/ml.

7. (original) The milnacipran formulation according to Claim 6 providing milnacipran blood plasma levels that are characterized by C_{max} below approximately 2000 ng/ml.

8. (original) The milnacipran formulation according to Claim 6 providing milnacipran blood plasma levels that are characterized by C_{max} below approximately 1000 ng/ml.

9. (original) The milnacipran formulation according to Claim 1 further comprising at least one other active compound selected from the group consisting of analgesics, anti-inflammatory drugs, antipyretics, antidepressants, antiepileptics, antihistamines, antimigraine drugs, antimuscarinics, anxioltyics, sedatives, hypnotics, antipsychotics, bronchodilators, anti asthma drugs, cardiovascular drugs, corticosteroids, dopaminergics, electrolytes, gastro-intestinal drugs, muscle relaxants, nutritional agents, vitamins, parasympathomimetics, stimulants, anorectics, and anti-narcoleptics.

10. (original) The milnacipran formulation according to Claim 9 comprising compounds selected from the group consisting of aceclofenac, acetaminophen, adomexetine, almotriptan, alprazolam, amantadine, amcinonide, aminocyclopropane, amitriptyline, amolodipine, amoxapine, amphetamine, aripiprazole, aspirin, atomoxetine, azasetron, azatadine, beclomethasone, benactyzine, benoxaprofen, bermoprofen, betamethasone, bicifadine, bromocriptine, budesonide, buprenorphine, bupropion,

buspirone, butorphanol, butriptyline, caffeine, carbamazepine, carbidopa, carisoprodol, celecoxib, chlordiazepoxide, chlorpromazine, choline salicylate, citalopram, clomipramine, clonazepam, clonidine, clonitazene, clorazepate, clotiazepam, cloxazolam, clozapine, codeine, corticosterone, cortisone, cyclobenzaprine, cyproheptadine, demexiptiline, desipramine, desomorphine, dexamethasone, dexanabinol, dextroamphetamine sulfate, dextromoramide, dextropropoxyphene, dezocine, diazepam, dibenzepin, diclofenac sodium, diflunisal, dihydrocodeine, dihydroergotamine, dihydromorphine, dimetacrine, divalproxex, dizatriptan, dolasetron, donepezil, dothiepin, doxepin, duloxetine, ergotamine, escitalopram, estazolam, ethosuximide, etodolac, femoxetine, fenamates, fenoprofen, fentanyl, fludiazepam, fluoxetine, fluphenazine, flurazepam, flurbiprofen, flutazolam, fluvoxamine, frovatriptan, gabapentin, galantamine, gepirone, ginko bilboa, granisetron, haloperidol, huperzine A, hydrocodone, hydrocortisone, hydromorphone, hydroxyzine, ibuprofen, imipramine, indiplon, indomethacin, indoprofen, iprindole, ipsapirone, ketaserin, ketoprofen, ketorolac, lesopitron, levodopa, lipase, lofepramine, lorazepam, loxapine, maprotiline, mazindol, mefenamic acid, melatonin, melitracen, memantine, meperidine, meprobamate, mesalamine, metapramine, metaxalone, methadone, methadone, methamphetamine, methocarbamol, methyldopa, methylphenidate, methylsalicylate, methysergid(e), metoclopramide, mianserin, mifepristone, milnacipran, minaprine, mirtazapine, moclobemide, modafinil, molindone, morphine, morphine hydrochloride, nabumetone, nadolol, naproxen, naratriptan, nefazodone, neurontin, nomifensine, nortriptyline, olanzapine, olsalazine, ondansetron, opipramol, orphenadrine, oxaflozane, oxaprazin, oxazepam, oxitriptan, oxycodone, oxymorphone, pancrelipase, parecoxib, paroxetine,

pemoline, pentazocine, pepsin, perphenazine, phenacetin, phendimetrazine, phenmetrazine, phenylbutazone, phenytoin, phosphatidylserine, pimozide, pirlindole, piroxicam, pizotifen, pizotyline, pramipexole, prednisolone, prednisone, pregabalin, propanolol, propizepine, propoxyphene, protriptyline, quazepam, quinupramine, reboxitine, reserpine, risperidone, ritanserin, rivastigmine, rizatriptan, rofecoxib, ropinirole, rotigotine, salsalate, sertraline, sibutramine, sildenafil, sulfasalazine, sulindac, sumatriptan, tacrine, temazepam, tetrabenozine, thiazides, thioridazine, thiothixene, tiapride, tiasipirone, tizanidine, tofenacin, tolmetin, toloxatone, topiramate, tramadol, trazodone, triazolam, trifluoperazine, trimethobenzamide, trimipramine, tropisetron, valdecoxib, valproic acid, venlafaxine, viloxazine, vitamin E, zimeldine, ziprasidone, zolmitriptan, zolpidem, zopiclone and isomers, salts, and combinations thereof.

11. (original) The milnacipran formulation according to Claim 1, wherein the milnacipran is in the form of a therapeutically equivalent dose of dextrogyral or levrogyral enantiomers of the milnacipran or pharmaceutically acceptable salts thereof.

12. (original) The milnacipran formulation according to Claim 1, wherein the milnacipran is in the form of a therapeutically equivalent dose of a mixture of milnacipran enantiomers or pharmaceutically acceptable salts thereof.

13. (original) The milnacipran formulation according to Claim 1, wherein the milnacipran is in the form of a therapeutically equivalent dose of the active metabolite of milnacipran or pharmaceutically acceptable salts thereof.

14. (original) The milnacipran formulation according to Claim 1, wherein the milnacipran is in the form of a therapeutically equivalent dose of para-hydroxy-milnacipran (F2782) or pharmaceutically acceptable salts thereof.

15. (original) The milnacipran formulation according to Claim 1 comprising an enteric coating.

16. (original) The milnacipran formulation according to Claim 1, wherein the administrable milnacipran unit dose is from 25 to 500 mg.

17. (original) The milnacipran formulation according to Claim 1, wherein the administrable milnacipran unit dose is from 200 to 500 mg.

18. (original) The formulation according to Claim 9 comprising 25 to 500 mg milnacipran and 100 to 600 mg modafinil.

19. (original) A milnacipran formulation that allows extended release of a theraupetically effective amount of milnacipran over approximately 24 hours when administered to a patient in need, comprising

an extended-release milnacipran formulation coated with an enteric coating, wherein the enteric coated formulation remains intact or substantially intact in the stomach but dissolves and releases the contents of the dosage form once it reaches the small intestine, over a period of time resulting in therapeutic milnacipran blood plasma levels for an extended period of time before returning to the steady-state level at night time to avoid sleep disturbances.

20. (original) A kit comprising the milnacipran formulation of Claim 1.

21. (original) The kit of Claim 20 comprising different dosage units of milnacipran to allow for dosage escalation.

22. (original) The kit of Claim 20 comprising instruction on taking the formulation once daily before bedtime.

23. (canceled)

24. (canceled)

Remarks

Claims 23 and 24 have been canceled. Claim 1 has been amended to specify that the formulation provides delayed or extended release of milnacipran to produce a therapeutic effect over approximately 24 hours when administered to a patient in need, with diminished incidence or reduced intensity relative to one or more immediate release milnacipran side effects. Support for the amendment is found at least in the abstract. Claim 3 has been amended to correct the spelling of milnacipran. Support for the amendment is found throughout the specification and claims, as originally filed.

Rejection Under 35 U.S.C. § 102

Claims 1-24 were rejected under 35 U.S.C. § 102(f) as being unpatentable over copending application U.S.S.N. 10/690,947. Applicants respectfully traverse this rejection.

Analysis

Claims 23 and 24 have been canceled. Claim 1 has been amended to specify that the formulation that provides delayed or extended release of milnacipran to produce a therapeutic effect over approximately 24 hours when administered to a patient in need, with diminished incidence or reduced intensity relative to one or more immediate release milnacipran side effects.

Applicants are submitting a Petition to Correct Inventorship in the present application in order to add Srinivas G. Rao as an inventor. Dr. Rao is assigning his interest in the present application to Cypress Bioscience, Inc. As a result, the present application and U.S.S.N. 10/690,947 will have identity of inventorship and identity of

ownership. Accordingly, the Examiner's rejection under 35 U.S.C. § 102(f) is no longer applicable.

Double Patenting Rejection

Claims 1-24 were provisionally rejected under 35 U.S.C. § 101 for alleging claiming the same invention as claims 1-24 of copending Application No. 10/690,947. Applicants respectfully traverse this rejection to the extent it applied to the claims as amended.

Claims 23 and 24 have been canceled. These claims will be pursued in copending Application No. 10/690,947. Claims 1-22 in U.S.S.N. 10/690,947 will be canceled.

As noted above, Applicants are submitting in a Petition to Correct Inventorship in the present application in order to add Srinivas G. Rao as an inventor. Dr. Rao is assigning his interest in the present application to Cypress Bioscience, Inc. As a result, the present application and U.S.S.N. 10/690,947 will have identity of inventorship and identity of ownership. Accordingly, the Examiner's rejection under 35 U.S.C. § 101 is no longer applicable.

Allowance of claims 1-22, as amended, is respectfully solicited.

Respectfully submitted,

/Michael J. Terapane/
Michael J. Terapane, Ph.D.
Reg. No. 57,633

Date: April 12, 2007

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Appendix E: Additional data provided by Collegium with respect to a modified release milnacipran composition

Example 1: Composition and *In Vitro* Dissolution Profile of the Preferred Formulation

The composition of the extended release ("ER") core of the final formulation is given in Table 1.

The tablet core was manufactured as follows:

1. Milnacipran hydrochloride and Ethocel® 10 cps were sifted through a #40 screen.

2. The sifted milnacipran and ethocel from step 1 were loaded into a Rapid mixer granulator and mixed for 2 minutes at slow speed.

3. The dry mix from step 2 was granulated with Aquacoat® ECD-30 and the required quantity of water and mixed at slow speed for 2 minutes. The wet mass was passed through a #12 screen.

4. The wet mass from step 3 was dried in a tray oven at 50°C till the moisture content was between 1% and 1.5% by weight.

5. The dried granules from step 4 were passed through a #30 screen.

6. Methocel® K100M and Avicel® PH 102 were sifted through a #40 screen. The dried granules from step 5 and the sifted materials were loaded into a V-cone blender and mixed for 15 minutes without the intensifier bar.

7. Magnesium stearate was sifted through a #40 screen and added to the mixture from step 6. The mixture was mixed in a V-Cone blender for 2 minutes without the intensifier bar.

8. The final blend was compressed into tablets with an average tablet weight of 400 mg using a 10.5 mm round standard concave punch at a hardness of 10-12 Kp.

Table 1. Composition of ER core (Lot #18)

No.	Ingredient	Quantity per tablet	Quantity per 2,000 tablets
1	Milnacipran HCl	120 mg	240 g
2	Ethocel® 10 cps	52 mg	104 g
3	Aquacoat® ECD 30	6 mg	40 g
4	Purified water	q.s.	3 ml
5	Methocel® K 100 M premium	35 mg	70 g
6	Avicel® PH 102	181 mg	362 g
7	Magnesium stearate	6 mg	12 g
	ER core weight	400 mg	

Milnacipran ER cores were coated with Opadry® 7006 (seal coat) up to 2% weight gain and further coated with Acryl-Eze® 93018359 White (delayed release coat) up to 8% weight gain. The final weight of the DR-ER tablet was 441 mg.

The coating parameters are shown in the table below:

Parameter	Seal coat	Over coat
Coating equipment	Ganscoater	Ganscoater
Quantity of tablets	600 g	612 g
Pan speed	11-12 rpm	11 – 12 rpm
Spray rate	2 g / min	1.5-2 g / min
Inlet temperature	70°C	70°C
Exhaust temp.	41°C	40°C
Spray off time	1 second	1 second
Spray on time	300 seconds	300 seconds
Pressure	3 kg / cm^2	3 kg / cm^2
Weight gain	2%	8%

***In vitro* dissolution data for 120 mg Milnacipran HCl DR-ER tablet**

A USP dissolution Apparatus I (rotating baskets) at 100 rpm was used for the dissolution experiments. The dissolution media was 0.1 N HCl for the first 2 hours followed by pH 6.8 phosphate buffer. Values given below are the average of three independent dissolution experiments. All dissolution tests were conducted at 37°C.

HPLC analysis was used to determine percent drug release. Milnacipran released from the tablet (% of total dose) is given as a function of the incubation time. The *in vitro* dissolution curve is given in Figure 1.

Dissolution Time, hours	2.0	2.5	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0	12.0	14.0
Milnacipran Released, % of Total Dose	2	17	30	50	62	73	80	85	90	91	96	96

Example 2: Pharmacokinetic Parameters of Final Formulation in Healthy Human Volunteers

The Milnacipran DR-ER formulation (Lot #18) described above was tested in a single dose one way 6-patient pilot bioavailability study under **fasting** conditions (Figure 2). The calculated pharmacokinetic parameters were as follows: T_{max} was 7±1 hours, C_{max} was 220±40 ng/ml, AUC (0-24) was 2847 ng hr/ml, and AUC (0-inf) was 3084 ng hr/ml (Note that the data for five subjects were used to calculate the values above. The data for the 6th subject were not taken into account due to unexplainably low observed milnacipran plasma levels).

An IR milnacipran formulation was previously tested under fed conditions and it was found that administration of 50 mg Milnacipran HCl capsule BID resulted in an AUC (0-24) equal to 2592 ng hr/ml, and an AUC (0-inf) equal 2743 to ng hr/ml. Although no direct comparison can be made with the data obtained in the current study due to different study conditions (fasting vs. fed), the AUCs for DR-ER QD essentially matched the ones for IR BID. The known fact that food has very little influence on milnacipran absorption from IR dosage form further supports this statement.

It is important to note that **none** of the subjects at any given time during the bioavailability study (Lot #18) experienced any of common milnacipran side effects such as nausea, vomiting, sweating and tremors.

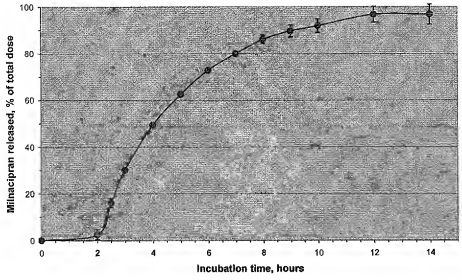

Figure 1

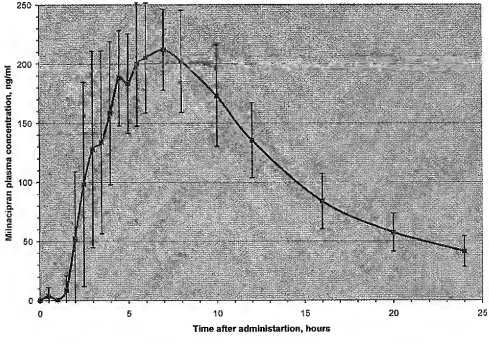

Figure 2

MARTIN B. KELLER, MD

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E-mail: Martin_Keller@brown.edu

EDUCATION:

1968	Dartmouth College (BA) Phi Beta Kappa; "High Distinction" in Psychology
1972	Cornell University (MD)

POSTGRADUATE TRAINING:

1972-1973	Intern in Medicine, Bellevue Medical Center, New York City
1973-1975	Resident in Psychiatry, Massachusetts General Hospital, Boston
1975-1976	Chief Resident, Acute Psychiatry Service, Massachusetts General Hospital

POSTGRADUATE HONORS AND AWARDS:

1992	Visiting Professorship in Psychiatry, University of Cincinnati School of Medicine
1994	Visiting Professorship in Psychiatry, Duke University School of Medicine
1995-2000	Named in the 1995, 1996, and 1997-1998 editions of *The Best Doctors In America®*, Woodward/White, Inc., and 2000 Edition of *International Directory of Distinguished Leadership*
1997	American Psychiatric Association (APA) Research Award in recognition of research on the longitudinal course and neuropsychopharmacology of anxiety and mood disorders
1998	Visiting Professorship in Psychiatry, UCLA
1998	National Alliance for Research on Schizophrenia and Depression (NARSAD) Lieber Award for research on the causes, psychopathology, treatment, and prevention of depression that leads to advancing our understanding of affective illness and new treatment approaches
1999	National Depressive and Manic Depressive Association (NDMDA) Gerald R. Klerman Lifetime Research Award for lifetime research contributions to the diagnosis and treatment of depressive and manic-depressive illness
2001	American College of Psychiatrists (ACP) Mood Disorders Lifetime Research Award for major research contributions to the understanding and treatment of mood disorders
2003	Edward A. Strecker Award from Pennsylvania Hospital and the University of Pennsylvania Health System for an outstanding contribution to the field of clinical psychiatry in the United States
2005	Voice of Mental Health Award from The Jed Foundation for contributions in the area of suicide prevention

2006	2005-2006 Best Doctors in America
2007	2007-2008 Best Doctors in America

PROFESSIONAL LICENSES AND BOARD CERTIFICATION:

1973- Massachusetts Board of Registration in Medicine

1990- Rhode Island Board of Medical Licensure and Discipline

ACADEMIC APPOINTMENTS:

1973-1976 Clinical Fellow in Psychiatry, Harvard Medical School

1976-1982 Instructor in Psychiatry, Harvard Medical School

1982-1985 Assistant Professor of Psychiatry, Harvard Medical School

1985-1990 Associate Professor of Psychiatry, Harvard Medical School

1989- Professor and Chairman, Department of Psychiatry and Human Behavior, Brown University

HOSPITAL APPOINTMENTS:

1976-1978 Clinical Assistant in Psychiatry, Massachusetts General Hospital

1979-1981 Assistant in Psychiatry, Massachusetts General Hospital

1982-1987 Assistant Psychiatrist, Massachusetts General Hospital

1987-1990 Associate Psychiatrist, Massachusetts General Hospital

1990-1997 Admitting Staff, Westwood Lodge Hospital

1989- Executive Psychiatrist-in-Chief at the following Providence, RI, hospitals:

- Emma Pendleton Bradley Hospital
- Memorial Hospital
- Miriam Hospital
- Rhode Island Hospital
- Roger Williams General Hospital (until 1996)
- Providence Veterans Administration Medical Center
- Women & Infants Hospital

1989- Psychiatrist-in-Chief, Butler Hospital, Providence, RI

OTHER APPOINTMENTS:

1977-1979 Consultant, Harvard School of Public Health

1977-1989 Consultant, Boston Institute of Psychotherapy

1982-1989 Consultant, NIMH Research Program on the Psychosocial Treatment of Depression

1983- Ad hoc grant reviewer for NIMH Initial Review Group, Committees on Psychopathology, Psychopharmacology and Psychosocial Treatments

1985-1989 Member, Psychopathology and Clinical Biology Research Initial Review Committee, NIMH

1985-1987 Advisory Committee on Mood Disorders to American Psychiatric Association Task Force on DSM-III-R

1986-1987	Editor, Section on Unipolar Disorders for American Psychiatric Association Annual Review of Psychiatry
1986-1988	Advisor to the American Psychiatric Association, Committee for Outstanding Achievement Awards
1988-1994	Co-chair, American Psychiatric Association Task Force on Mood Disorders for DSM-IV
1988-	Scientific Advisory Board, National Depressive and Manic Depressive Association (Depression and Bipolar Support Alliance, as of 2004)
1988-1994	Chair, Professional Education Committee, National Depressive and Manic Depressive Association
1990-1994	Scientific Advisory Board, Clinical Research Center for the Study of Psychotherapy, University of Pennsylvania School of Medicine
1991-2001	Member, Executive Committee, Scientific Advisory Board, National Depressive and Manic-Depressive Association
1992-1996	Board of Directors, American Society of Clinical Psychopharmacology
1992-	International Advisory Board, World Psychiatric Association
1993-2000	Member, International Committee for the Advancement of Neuroscience (ICANP)
1994-2000	External Advisory Committee, Department of Psychiatry, Tufts University, New England Medical Center, Boston, MA
1995-1998	Chair, Scientific Advisory Board, National Depressive and Manic-Depressive Association
2003-	Member, Scientific Council, Research Grants Program, National Alliance for Research on Schizophrenia and Depression (NARSAD)
2003-2004	Member, Data Safety Monitoring Board for a Japanese double-blinded study of efficacy of antidepressant Zoloft® vs placebo

HOSPITAL COMMITTEES:

Massachusetts General Hospital:

1981-1986	Psychotherapy Task Force, Psychiatry Service
1981-1990	Committee for Ambulatory Care Division Unit Directors, Psychiatry Service
1982-1986	Residency Training Committee, Psychiatry Service
1986-1990	Steering Committee, Psychiatry Service
1988-1990	Planning Committee, Psychiatry Service
1988-1990	Chair, Psychiatry Service Committee on Research

Brown University Affiliated Hospitals:

1989-	Chair, Steering Committee, Department of Psychiatry and Human Behavior, Brown University
1989-	Chair, Policy Management and Advisory Council, Department of Psychiatry and Human Behavior, Brown University

1989	Chair, Executive Committee on Research, Department of Psychiatry and Human Behavior, Brown University
1993-1996	Member, Research Advisory Committee, Rhode Island Hospital
1998-	Chair, Lifespan Academic Council
1999-2000	Chair, Task Force of Graduate Medical Education for Lifespan Academic Council
1999-	Chair, Basic Preclinical and Clinical Integrative Neuroscience Program, Department of Psychiatry and Human Behavior, Brown University
2000-2002	Chair, Brown Medical School Brain Science Strategic Planning Committee
2000-	Executive Committee, Brown University Brain Science Program
2002-	Director, Center for Translational Neuroscience Research Program, Departments of Neurology, Neurosurgery, Psychiatry, and Psychology

UNIVERSITY COMMITTEES:

Harvard Medical School:

1980-1986	Developed and taught Massachusetts General Hospital Module on Outpatient Psychiatry for Harvard Medical School students
1987-1990	AIDS Task Force, Department of Psychiatry
1988-1990	Chair, Research Committee, Department of Psychiatry

Brown University School of Medicine:

1989-	Council of Clinical Chairs
1989-	Biomedical Faculty Council
1989-	Chairs of Academic Departments
1989-	Faculty Executive Council
1992-1993	Search Committee for Chair of Department of Surgery
1992-1993	Chair, Search Committee for Associate Dean of Medicine
1993-1995	Chair, Search Committee for Chair of Department of Medicine
1993-	Dean's Committee, Brown University School of Medicine Veterans Administration Medical Center
1999-	Steering Committee for School of Medicine, Strategic Planning
1999-2000	Member, Search Committee, Director of Alcohol Study Center
1999-2001	Member, Search Committee, Chair of Psychiatry, Providence Veterans Administration Hospital.
2000-2001	Member, Search Committee, Chair of the Department of Family Medicine
2004-2005	Chair, Task Force on Medical Student Clerkship Evaluation

Brown University:

2004-2006	Chair, Committee to Revise Curriculum of Department of Psychology

REGIONAL, NATIONAL, AND INTERNATIONAL COMMITTEES:

1982-	Childhood Affective Disorders Research Consortium, Steering Committee
1984	NIMH Consensus Development Conference on Mood Disorders, Panelist
1984	NIMH Workshop on Assessing Change in Depressive Disorders, Panelist
1985	NIMH Workshop on Dysthymic Disorder, Panelist
1987	NIMH Workshop on Comorbidity, Panelist
1987	The Royal College of Psychiatrists Symposium on Dysthymic Disorder, Panelist
1988	World Psychiatric Association Advances in the Study of Unipolar Depression, Panelist
1989	NIMH Conference on the Treatment of Bipolar Disorder, Panelist
1990	NIMH Conference on Personality Disorders, Panelist
1990-1991	NIMH Consensus Development Conference on Panic Disorder, Planning Committee
1991-1993	World Psychiatric Association Presidential Task Force on Long Term Treatment of Panic Disorder, Planning Committee and Member
1992	Presidential Task Force on Depression Education, World Psychiatric Association, Co-Chair
1993	Educational Task Force on Social Phobia, World Psychiatric Association, Member
1993	Educational Task Force on Dysthymia, World Psychiatric Association, Member
1994	NIMH Workshop on Panic Disorder: A Life-Course Approach to Recovery, Relapse and Remission, Panelist
1994	NIMH Workshop on Treatment of Bipolar Illness: Research Needs and Directions, Panelist
1994	NIMH Workshop on Diagnostic Standards, Panelist
1995	NIMH Panic Disorder Education Program, Scientific Working Group, Panelist
1995	NIMH Conference on Pediatric Psychopharmacology, Rapporteur
1996	National Depressive and Manic Depressive Association (NDMDA) Conference on the Undertreatment of Depression, Chair
1997	NDMDA Search Committee for Executive Director, Chair
1997-2000	Task Force on Pharmacoeconomics, American College of Psychopharmacology
1997	External Review Committee, Department of Psychiatry, University of Arizona at Tucson
1998-2002	Chair, Research Subcommittee, World Federation of Societies of Biological Psychiatry
1999	Co-Chair, Program Committee, American College of Neuropsychopharmacology (ACNP)
2000	Chair, Program Committee, American College of Neuropsychopharmacology (ACNP)
2000-	International Forum on Mood and Anxiety Disorders (FMAD), Executive Committee

2001-2003	Program Committee, American College of Psychiatry
2002-	Grant proposals reviewer, American Foundation for Prevention of Suicide
2002-	Member, Board of Directors, JED Foundation for prevention of suicide
2002-	Chair, Scientific Advisory Board, JED Foundation
2002-2003	Member, Annenberg Foundation's Adolescent Mental Health Commission

MEMBERSHIP IN PROFESSIONAL SOCIETIES:

1976-1990	Massachusetts Psychiatric Society
1976-	Member, American Psychiatric Association
1977-	Northeastern Society for Group Psychotherapy
1984-	Fellow, American Psychopathological Association
1984-	American Association for the Advancement of Science
1988-	Association for Research in Nervous and Mental Disease, Inc.
1988-1990	Fellow, Massachusetts Psychiatric Society
1988-	Fellow, American Psychiatric Association
1990-	Fellow, Rhode Island Psychiatric Society
1992-	Member, American Society of Clinical Psychopharmacology
1993-	Member, Society for Research in Child and Adolescent Psychopathology
1994-	Member, American Psychological Society
1995-	Member, International Committee for Prevention and Treatment of Depression (PTD)
1996-	Member, Rhode Island Medical Society
1996-	Member, American Society of Addiction Medicine
1997-	Member, Association for Research on Personality Disorders, Inc.
1998-	Member, American Medical Association
1998-	Fellow, Collegium Internationale Neuro-Psychopharmacologicum
1999-	Fellow, American College of Neuropsychopharmacology
2003-	Distinguished Fellow, American Psychiatric Association

EDITORIAL BOARD APPOINTMENTS:

1987-	*Journal of Clinical Psychiatry*
1988-	*Journal of Affective Disorders*
1992	*Communications and Therapeutic Choices in Depression*
1993-1996	*Anxiety*
1994-1995	*The Columbia University School of Public Health: Scientific Studies of Alternative Medicine*
1996-	*Depression and Anxiety*
1999-2001	*International Advisory Board, Acta Psychiatrica Scandinavica*
1999-2001	*The World Journal of Biological Psychiatry*
2003-	*CNS Spectrums*

EDITORIAL APPOINTMENTS:

1995-	*International Clinical Psychopharmacology* (Joint editor)
2002-2006	*Neuropsychopharmacology* (Field editor for clinical therapeutics)

MANUSCRIPT REVIEWER:

1982-	*Archives of General Psychiatry*
1982-	*American Journal of Psychiatry*
1982-	*Comprehensive Psychiatry*
1982-	*Journal of Psychiatric Research*
1983-	*Journal of the American Medical Association*
1983-	*Journal of Nervous and Mental Disorders*
1984-	*Biological Psychiatry*
1995-2004	*PharmacoEconomics*
1995-1999	*ADIS International*
1995-	*Journal of Geriatric Psychiatry and Neurology*

MAJOR RESEARCH INTERESTS:

- Psychobiology of affective disorders in adults, adolescents, and children
- Reliability in assessment of psychopathology
- Prospective longitudinal course of affective disorders, eating disorders, anxiety disorders, obsessive compulsive disorders and personality disorders in adults, adolescents and children
- Design and implementation of multi-site randomized clinical trials of bipolar disorder, major depression, double depression, and anxiety disorders in adults and adolescents with psychotherapy and pharmacotherapy, focusing on continuation and maintenance studies
- Virtual reality treatment of Post Traumatic Stress Disorder.

ORIGINAL PUBLICATIONS IN PEER-REVIEWED JOURNALS:

1. Keller MB, Lavori PW, Andreasen NC, Grove WM, Shapiro RW, Scheftner W, McDonald-Scott P. Test-retest reliability of assessing psychiatrically ill patients in a multi-center design. J Psychiatr Res. 1981;16(4):213-27.

2. Keller MB, Lavori PW, McDonald-Scott P, Scheftner WA, Andreasen NC, Shapiro RW, Croughan J. Reliability of lifetime diagnoses and symptoms in patients with a current psychiatric disorder. J Psychiatr Res. 1981;16(4):229-40.

3. Andreasen NC, Grove WM, Shapiro RW, Keller MB, Hirschfeld RM, McDonald-Scott P. Reliability of lifetime diagnosis. A multicenter collaborative perspective. Arch Gen Psychiatry. 1981 Apr;38(4):400-5.

4. Grove WM, Andreasen NC, McDonald-Scott P, Keller MB, Shapiro RW. Reliability studies of psychiatric diagnosis. Theory and practice. Arch Gen Psychiatry. 1981 Apr;38(4):408-13.

5. Shapiro RW, Keller MB. Initial 6-month follow-up of patients with major depressive disorder. A preliminary report from the NIMH collaborative study of the psychobiology of depression. J Affect Disord. 1981 Sep;3(3):205-20.

6. Keller MB, Manschreck TC. The bedside mental status examination – reliability and validity. Compr Psychiatry. 1981 Sep-Oct;22(5):500-11.

7. Keller MB, Shapiro RW. Major depressive disorder. Initial results from a one-year prospective naturalistic follow-up study. J Nerv Ment Dis. 1981 Dec;169(12):761-8.

8. Keller MB, Shapiro RW. "Double depression": superimposition of acute depressive episodes on chronic depressive disorders. Am J Psychiatry. 1982 Apr;139(4):438-42.

9. Andreasen NC, McDonald-Scott P, Grove WM, Keller MB, Shapiro RW, Hirschfeld RM. Assessment of reliability in multicenter collaborative research with a videotape approach. Am J Psychiatry. 1982 Jul;139(7):876-82.

10. Keller MB, Shapiro RW, Lavori PW, Wolfe N. Recovery in major depressive disorder: analysis with the life table and regression models. Arch Gen Psychiatry. 1982 Aug;39(8):905-10.

11. Keller MB, Shapiro RW, Lavori PW, Wolfe N. Relapse in major depressive disorder: analysis with the life table. Arch Gen Psychiatry. 1982 Aug;39(8):911-5.

12. Keller MB, Klerman GL, Lavori PW, Fawcett JA, Coryell W, Endicott J. Treatment received by depressed patients. JAMA. 1982 Oct 15;248(15):1848-55.

13. Keller MB, Lavori PW, McDonald-Scott P, Endicott J, Andreasen N, Van Eerdewegh MM. The reliability of retrospective treatment reports. Psychiatry Res. 1983 May;9(1):81-8.

14. Keller MB, Lavori PW, Endicott J, Coryell W, Klerman GL. "Double depression": two-year follow-up. Am J Psychiatry. 1983 Jun;140(6):689-94.

15. Hirschfeld RM, Klerman GL, Clayton PJ, Keller MB, McDonald-Scott P, Larkin BH. Assessing personality: effects of the depressive state on trait measurement. Am J Psychiatry. 1983 Jun;140(6):695-9.

16. Beardslee WR, Bemporad J, Keller MB, Klerman GL. Children of parents with major affective disorder: a review. Am J Psychiatry. 1983 Jul;140(7):825-32.

17. Hirschfeld RM, Klerman GL, Clayton PJ, Keller MB. Personality and depression. Empirical findings. Arch Gen Psychiatry. 1983 Sep;40(9):993-8.

18. Keller MB. Double depression: Implications for clinical practice. (La double depression: implications cliniques). Medecine et Hygiene. 1983 Oct 19;41(1535):3558-62.

19. Keller MB, Lavori PW, Lewis CE, Klerman GL. Predictors of relapse in major depressive disorder. JAMA. 1983 Dec 23-30;250(24):3299-304.

20. Lavori PW, Keller MB, Klerman GL. Relapse in affective disorders: a reanalysis of the literature using life table methods. J Psychiatr Res. 1984;18(1):13-25.

21. Lavori PW, Keller MB, Roth SL. Affective disorders and ABO blood groups: new data and a reanalysis of the literature using the logistic transformation of proportions. J Psychiatr Res. 1984;18(2):119-29.

22. Keller MB, Lavori PW. Double depression, major depression, and dysthymia: distinct entities or different phases of a single disorder? Psychopharmacol Bull. 1984 Summer;20(3):399-402.

23. Coryell W, Endicott J, Reich T, Andreasen N, Keller M. A family study of bipolar II disorder. Br J Psychiatry. 1984 Jul;145:49-54.

24. Coryell W, Lavori P, Endicott J, Keller M, VanEerdewegh M. Outcome in schizoaffective, psychotic, and nonpsychotic depression. Course during a six- to 24-month follow-up. Arch Gen Psychiatry. 1984 Aug;41(8):787-91.

25. Keller MB, Klerman GL, Lavori PW, Coryell W, Endicott J, Taylor J. Long-term outcome of episodes of major depression. Clinical and public health significance. JAMA. 1984 Aug 10;252(6):788-92.

26. Rice J, Reich T, Andreasen NC, Lavori PW, Endicott J, Clayton PJ, Keller MB, Hirschfeld RM, Klerman GL. Sex-related differences in depression. Familial evidence. J Affect Disord. 1984 Dec;7(3-4):199-210.

27. Hirschfeld RM, Klerman GL, Clayton PJ, Keller MB, Andreasen NC. Personality and gender-related differences in depression. J Affect Disord. 1984 Dec;7(3-4):211-21.

28. Beardslee WR, Keller MB, Klerman GL. Children of parents with affective disorder. Int J Fam Psychiatry. 1985;6(3):283-99.

29. Endicott J, Nee J, Andreasen N, Clayton P, Keller M, Coryell W. Bipolar II. Combine or keep separate? J Affect Disord. 1985 Jan-Feb;8(1):17-28.

30. Kashani JH, Keller MB, Solomon N, Reid JC, Mazzola D. Double depression in adolescent substance users. J Affect Disord. 1985 Mar-Apr;8(2):153-7.

31. NIMH/NIH. NIMH/NIH Consensus Development Conference statement. Mood disorders: pharmacologic prevention of recurrences. Consensus Development Panel. Am J Psychiatry. 1985 Apr;142(4):469-76.

32. Beardslee WR, Klerman GL, Keller MB, Lavori PW, Podorefsky DL. But are they cases? Validity of DSM-III major depression in children identified in a family study. Am J Psychiatry. 1985 Jun;142(6):687-91.

33. Coryell W, Endicott J, Keller M, Andreasen NC. Phenomenology and family history in DSM-III psychotic depression. J Affect Disord. 1985 Jul;9(1):13-8.

34. Coryell W, Endicott J, Andreasen N, Keller M. Bipolar I, bipolar II, and nonbipolar major depression among the relatives of affectively ill probands. Am J Psychiatry. 1985 Jul;142(7):817-21.

35. Klerman GL, Lavori PW, Rice J, Reich T, Endicott J, Andreasen NC, Keller MB, Hirschfield RM. Birth-cohort trends in rates of major depressive disorder among relatives of patients with affective disorder. Arch Gen Psychiatry. 1985 Jul;42(7):689-93.

36. Hirschfeld RM, Klerman GL, Andreasen NC, Clayton PJ, Keller MB. Situational major depressive disorder. Arch Gen Psychiatry. 1985 Nov;42(11):1109-14.

37. Keller MB, Lavori PW, Rice J, Coryell W, Hirschfeld RM. The persistent risk of chronicity in recurrent episodes of nonbipolar major depressive disorder: a prospective follow-up. Am J Psychiatry. 1986 Jan;143(1):24-8.

38. Endicott J, Nee J, Coryell W, Keller M, Andreasen N, Croughan J. Schizoaffective, psychotic, and nonpsychotic depression: differential familial association. Compr Psychiatry. 1986 Jan-Feb;27(1):1-13.

39. Andreasen NC, Scheftner W, Reich T, Hirschfeld RM, Endicott J, Keller MB. The validation of the concept of endogenous depression. A family study approach. Arch Gen Psychiatry. 1986 Mar;43(3):246-51.

40. Keller MB, Lavori PW, Klerman GL, Andreasen NC, Endicott J, Coryell W, Fawcett J, Rice JP, Hirschfeld RM. Low levels and lack of predictors of somatotherapy and psychotherapy received by depressed patients. Arch Gen Psychiatry. 1986 May;43(5):458-66.

41. Hirschfeld RM, Klerman GL, Andreasen NC, Clayton PJ, Keller MB. Psycho-social predictors of chronicity in depressed patients. Br J Psychiatry. 1986 Jun;148:648-54.

42. Keller MB, Lavori PW, Coryell W, Andreasen NC, Endicott J, Clayton PJ, Klerman GL, Hirschfeld RM. Differential outcome of pure manic, mixed/cycling, and pure depressive episodes in patients with bipolar illness. JAMA. 1986 Jun 13;255(22):3138-42.

43. Hirschfeld RM, Klerman GL, Keller MB, Andreasen NC, Clayton PJ. Personality of recovered patients with bipolar affective disorder. J Affect Disord. 1986 Jul-Aug;11(1):81-9.

44. Keller MB, Beardslee WR, Dorer DJ, Lavori PW, Samuelson H, Klerman GR. Impact of severity and chronicity of parental affective illness on adaptive functioning and psychopathology in children. Arch Gen Psychiatry. 1986 Oct;43(10):930-7.

45. Rice JP, McDonald-Scott P, Endicott J, Coryell W, Grove WM, Keller MB, Altis D. The stability of diagnosis with an application to bipolar II disorder. Psychiatry Res. 1986 Dec;19(4):285-96.

46. Kaplan BJ, Beardslee WR, Keller MB. Intellectual competence in children of depressed parents. J Clin Child Psychol. 1987;16(2):158-63.

47. Brotman AW, Pascarzi GA, Keller MB, Dorer DJ, Eisenthal S. Patients treated with psychodynamic psychotherapy by residents at Massachusetts General Hospital. J Psychiatr Educ. 1987;11(4):233-42.

48. Herzog DB, Keller MB, Lavori PW, Ott IL, Bridges AC. Social impairment in bulimia. Int J Eating Disord. 1987;6(6):741-7.

49. Biederman J, Keller M, Lavori P, Harmatz J, Knee D, Dubey D, Yunis E. HLA haplotype A26-B38 in affective disorders: lack of association. Biol Psychiatry. 1987 Feb;22(2):221-4.

50. Coryell W, Grove W, vanEerdewegh M, Keller M, Endicott J. Outcome in RDC schizo-affective depression: the importance of diagnostic subtyping. J Affect Disord. 1987 Jan-Feb;12(1):47-56.

51. Lavori PW, Klerman GL, Keller MB, Reich T, Rice J, Endicott J. Age-period-cohort analysis of secular trends in onset of major depression: findings in siblings of patients with major affective disorder. J Psychiatr Res. 1987;21(1):23-35.

52. Coryell W, Endicott J, Keller M. The importance of psychotic features to major depression: course and outcome during a 2-year follow-up. Acta Psychiatr Scand. 1987 Jan;75(1):78-85.

53. Coryell W, Andreasen NC, Endicott J, Keller M. The significance of past mania or hypomania in the course and outcome of major depression. Am J Psychiatry. 1987 Mar;144(3):309-15.

54. Young MA, Keller MB, Lavori PW, Scheftner WA, Fawcett JA, Endicott J, Hirschfeld RM. Lack of stability of the RDC endogenous subtype in consecutive episodes of major depression. J Affect Disord. 1987 Mar-Apr;12(2):139-43.

55. Grove WM, Andreasen NC, Young M, Endicott J, Keller MB, Hirschfeld RM, Reich T. Isolation and characterization of a nuclear depressive syndrome. Psychol Med. 1987 May;17(2):471-84.

56. Keller MB, Lavori PW, Friedman B, Nielsen E, Endicott J, McDonald-Scott P, Andreasen NC. The Longitudinal Interval Follow-up Evaluation. A comprehensive method for assessing outcome in prospective longitudinal studies. Arch Gen Psychiatry. 1987 Jun;44(6):540-8.

57. Andreasen NC, Grove WM, Endicott J, Coryell WH, Scheftner WA, Hirschfeld RMA, Keller MB. The phenomenology of depression. Psychiatry Psychobiol. 1988;3:1-10.

58. Keller MB. Undertreatment of major depression. Psychopharmacol Bull. 1988;24(1):75-80.

59. Herzog DB, Keller MB, Lavori PW, Ott IL. Short-term prospective study of recovery in bulimia nervosa. Psychiatry Res. 1988 Jan;23(1):45-55.

60. Lavori PW, Keller MB, Endicott J. Improving the validity of FH-RDC diagnosis of major affective disorder in uninterviewed relatives in family studies: a model based approach. J Psychiatr Res. 1988;22(4):249-59.

61. Herzog DB, Keller MB, Lavori PW. Outcome in anorexia nervosa and bulimia nervosa. A review of the literature. J Nerv Ment Dis. 1988 Mar;176(3):131-43.

62. Coryell W, Endicott J, Andreasen NC, Keller MB, Clayton PJ, Hirschfeld RM, Scheftner WA, Winokur G. Depression and panic attacks: the significance of overlap as reflected in follow-up and family study data. Am J Psychiatry. 1988 Mar;145(3):293-300.

63. Lavori PW, Keller MB. Improving the aggregate performance of psychiatric diagnostic methods when not all subjects receive the standard test. Stat Med. 1988 Jul;7(7):727-37.

64. Keller MB, Beardslee W, Lavori PW, Wunder J, Drs DL, Samuelson H. Course of major depression in non-referred adolescents: a retrospective study. J Affect Disord. 1988 Nov-Dec;15(3):235-43.

65. Lavori PW, Keller MB, Beardslee WR, Dorer DJ. Affective disorder in childhood: separating the familial component of risk from individual characteristics of children. J Affect Disord. 1988 Nov-Dec;15(3):303-11.

66. Beardslee WR, Keller MB, Lavori PW, Klerman GK, Dorer DJ, Samuelson H. Psychiatric disorder in adolescent offspring of parents with affective disorder in a non-referred sample. J Affect Disord. 1988 Nov-Dec;15(3):313-22.

67. Rice J, Andreasen NC, Coryell W, Endicott J, Fawcett J, Hirschfeld RM, Keller MB, Klerman GL, Lavori P, Reich T, Scheftner WA. NIMH Collaborative Program on the Psychobiology of Depression: clinical. Genet Epidemiol. 1989;6(1):179-82.

68. Coryell W, Keller M, Endicott J, Andreasen N, Clayton P, Hirschfeld R. Bipolar II illness: course and outcome over a five-year period. Psychol Med. 1989 Feb;19(1):129-41.

69. Hirschfeld RM, Kosier T, Keller MB, Lavori PW, Endicott J. The influence of alcoholism on the course of depression. J Affect Disord. 1989 Mar-Jun;16(2-3):151-8.

70. Hasin DS, Endicott J, Keller MB. RDC alcoholism in patients with major affective syndromes: two-year course. Am J Psychiatry. 1989 Mar;146(3):318-23.

71. Hirschfeld RM, Klerman GL, Lavori P, Keller MB, Griffith P, Coryell W. Premorbid personality assessments of first onset of major depression. Arch Gen Psychiatry. 1989 Apr;46(4):345-50.

72. Keller MB. Current concepts in affective disorders. J Clin Psychiatry. 1989 May;50(5):157-62.

73. Coryell W, Endicott J, Keller M, Andreasen N, Grove W, Hirschfeld RM, Scheftner W. Bipolar affective disorder and high achievement: a familial association. Am J Psychiatry. 1989 Aug;146(8):983-8.

74. Gelenberg AJ, Kane JM, Keller MB, Lavori P, Rosenbaum JF, Cole K, Lavelle J. Comparison of standard and low serum levels of lithium for maintenance treatment of bipolar disorder. N Engl J Med. 1989 Nov 30;321(22):1489-93.

75. Schwartz CE, Dorer DJ, Beardslee WR, Lavori PW, Keller MB. Maternal expressed emotion and parental affective disorder: risk for childhood depressive disorder, substance abuse, or conduct disorder. J Psychiatr Res. 1990;24(3):231-50.

76. Winokur G, Coryell W, Keller M, Scheftner WA. Relationship of electroconvulsive therapy to course in affective illness: a collaborative study. Eur Arch Psychiatry Clin Neurosci. 1990;240(1):54-9.

77. Young MA, Fogg LF, Scheftner WA, Keller MB, Fawcett JA. Sex differences in the lifetime prevalence of depression: does varying the diagnostic criteria reduce the female/male ratio? J Affect Disord. 1990 Mar;18(3):187-92.

78. Coryell W, Keller M, Lavori P, Endicott J. Affective syndromes, psychotic features, and prognosis. I. Depression. Arch Gen Psychiatry. 1990 Jul;47(7):651-7.

79. Coryell W, Keller M, Lavori P, Endicott J. Affective syndromes, psychotic features, and prognosis. II. Mania. Arch Gen Psychiatry. 1990 Jul;47(7):658-62.

80. Coryell W, Endicott J, Keller M. Outcome of patients with chronic affective disorder: a five-year follow-up. Am J Psychiatry. 1990 Dec;147(12):1627-33.

81. Keller MB, Lavori PW, Beardslee WR, Wunder J, Ryan N. Depression in children and adolescents: new data on 'undertreatment' and a literature review on the efficacy of available treatments. J Affect Disord. 1991 Mar;21(3):163-71.

82. Keller MB, Baker LA. Bipolar disorder: epidemiology, course, diagnosis, and treatment. Bull Menninger Clin. 1991 Spring;55(2):172-81.

83. Herzog DB, Keller MB, Lavori PW, Bradburn IS. Bulimia nervosa in adolescence. J Dev Behav Pediatr. 1991 Jun;12(3):191-5.

84. Hasin DS, Endicott J, Keller MB. Alcohol problems in psychiatric patients: 5-year course. Compr Psychiatry. 1991 Jul-Aug;32(4):303-16.

85. Keller MB, Russell CW. Refining the concept of dysthymia. Hosp Community Psychiatry. 1991 Sep;42(9):892-3, 896.

86. Frank E, Prien RF, Jarrett RB, Keller MB, Kupfer DJ, Lavori PW, Rush AJ, Weissman MM. Conceptualization and rationale for consensus definitions of terms in major depressive disorder. Remission, recovery, relapse, and recurrence. Arch Gen Psychiatry. 1991 Sep;48(9):851-5.

87. Coryell W, Endicott J, Keller MB. Predictors of relapse into major depressive disorder in a nonclinical population. Am J Psychiatry. 1991 Oct;148(10):1353-8.

88. Clayton PJ, Grove WM, Coryell W, Keller M, Hirschfeld R, Fawcett J. Follow-up and family study of anxious depression. Am J Psychiatry. 1991 Nov;148(11):1512-7.

89. Herzog D, Keller MB, Strober M, Yeh C, Pai SY. The current status of treatment for anorexia nervosa and bulimia nervosa. Int J Eating Disorders. 1992;12(2):215-220.

90. Keller MB, Herzog DB, Lavori PW, Bradburn IS, Mahoney EM. The naturalistic history of bulimia nervosa: extraordinarily high rates of chronicity, relapse, recurrence, and psychosocial morbidity. Int J Eating Disord. 1992;12(1):1-9.

91. Biederman J, Faraone SV, Keenan K, Benjamin J, Krifcher B, Moore C, Sprich-Buckminster S, Ugaglia K, Jellinek MS, Steingard R, Spencer T, Norman D, Kolodny R, Kraus, Perrin J, Keller MB, Tsuang MT. Further evidence for family-genetic risk factors in attention deficit hyperactivity disorder. Patterns of comorbidity in probands and relatives psychiatrically and pediatrically referred samples. Arch Gen Psychiatry. 1992 Sep;49(9):728-38

92. Yonkers KA, Ellison JM, Shera DM, Pratt LA, Langford LM, Cole JO, White K, Lavori PW, Keller MB. Pharmacotherapy observed in a large prospective longitudinal study on anxiety disorders. Psychopharmacol Bull. 1992;28(2):131-7.

93. Keller MB, Lavori PW, Beardslee W, Wunder J, Drs DL, Hasin D. Clinical course and outcome of substance abuse disorders in adolescents. J Subst Abuse Treat. 1992;9(1):9-14.

94. Coryell W, Winokur G, Keller M, Scheftner W, Endicott J. Alcoholism and primary major depression: a family study approach to co-existing disorders. J Affect Disord. 1992 Feb;24(2):93-9.

95. Coryell W, Endicott J, Keller M. Major depression in a nonclinical sample. Demographic and clinical risk factors for first onset. Arch Gen Psychiatry. 1992 Feb;49(2):117-25.

96. Coryell W, Endicott J, Keller M. Rapidly cycling affective disorder. Demographics, diagnosis, family history, and course. Arch Gen Psychiatry. 1992 Feb;49(2):126-31.

97. Keller MB, Lavori PW, Beardslee WR, Wunder J, Schwartz CE, Roth J, Biederman J. The disruptive behavioral disorder in children and adolescents: comorbidity and clinical course. J Am Acad Child Adolesc Psychiatry. 1992 Mar;31(2):204-9.

98. Herzog DB, Keller MB, Lavori PW, Kenny GM, Sacks NR. The prevalence of personality disorders in 210 women with eating disorders. J Clin Psychiatry. 1992 May;53(5):147-52.

99. Keller MB, Lavori PW, Kane JM, Gelenberg AJ, Rosenbaum JF, Walzer EA, Baker LA. Subsyndromal symptoms in bipolar disorder. A comparison of standard and low serum levels of lithium. Arch Gen Psychiatry. 1992 May;49(5):371-6.

100. Keller MB, Lavori PW, Wunder J, Beardslee WR, Schwartz CE, Roth J. Chronic course of anxiety disorders in children and adolescents. J Am Acad Child Adolesc Psychiatry. 1992 Jul;31(4):595-9.

101. Herzog DB, Keller MB, Sacks NR, Yeh CJ, Lavori PW. Psychiatric comorbidity in treatment-seeking anorexics and bulimics. J Am Acad Child Adolesc Psychiatry. 1992 Sep;31(5):810-8.

102. Keller MB, Lavori PW, Mueller TI, Endicott J, Coryell W, Hirschfeld RM, Shea T. Time to recovery, chronicity, and levels of psychopathology in major depression. A 5-year prospective follow-up of 431 subjects. Arch Gen Psychiatry. 1992 Oct;49(10):809-16.

103. Keller MB, Lavori PW, Coryell W, Endicott J, Mueller TI. Bipolar I: a five-year prospective follow-up. J Nerv Ment Dis. 1993 Apr;181(4):238-45.

104. Massion AO, Warshaw MG, Keller MB. Quality of life and psychiatric morbidity in panic disorder and generalized anxiety disorder. Am J Psychiatry. 1993 Apr;150(4):600-7.

105. Keller MB, Lavori PW, Goldenberg IM, Baker LA, Pollack MH, Sachs GS, Rosenbaum JF, Deltito JA, Leon A, Shear K, Klerman GL. Influence of depression on the treatment of panic disorder with imipramine, alprazolam and placebo. J Affect Disord. 1993 May;28(1):27-38.

106. Coryell W, Scheftner W, Keller M, Endicott J, Maser J, Klerman GL. The enduring psychosocial consequences of mania and depression. Am J Psychiatry. 1993 May;150(5):720-7.

107. Goisman RM, Rogers MP, Steketee GS, Warshaw MG, Cuneo P, Keller MB. Utilization of behavioral methods in a multicenter anxiety disorders study. J Clin Psychiatry. 1993 Jun;54(6):213-8.

108. Winokur G, Coryell W, Keller M, Endicott J, Akiskal H. A prospective follow-up of patients with bipolar and primary unipolar affective disorder. Arch Gen Psychiatry. 1993 Jun;50(6):457-65.

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29. Keller MB. Response to a letter re: Nefazodone and psychotherapy and their combination for chronic depression. N Engl J Med. 2000;343(14):1041-2.

30. Culpepper L, Keller MB, Smith NL. Diagnosis and treatment of anxiety disorders: A primary care perspective. A Continuing Education Self-Study Program for Physicians. Sponsored by Medical Education Resources, 2000.

31. Solomon DA, Leon AC, Mueller TI, Shea MT, Keller MB. Response to a letter re: Recurrence of affective disorder. Am J Psychiatry. 2001 May;158(5):820.

32. Kornstein SG, Schatzberg AF, Thase ME, Yonkers KA, McCullough JP, Keitner GI, Gelenberg AJ, Davis SM, Keller MB. Response to a letter re: Gender differences in treatment response to sertraline versus imipramine in chronic depression. Am J Psychiatry. 2001 Sep;158(9):1532-3.

33. Keller MB, Ryan ND, Wagner KD. Response to a letter re: Paroxetine in adolescent major depression. J Am Acad Child Adolesc Psychiatry. 2002 Apr;41(4):364.

34. Keller MB, McCafferty JP. Response to a letter re: Paroxetine in the treatment of adolescent major depression. J Am Acad Child Adolesc Psychiatry. 2002 Nov;41(11):1270.

35. Keller MB, Ryan ND. Response to a letter re: Paroxetine in the treatment of adolescent major depression. J Am Acad Child Adolesc Psychiatry. 2002 Nov;41(11):1271.

36. Keller MB, Ryan ND, Strober M, Weller EB, McCafferty JP, Hagino OR, Birmaher B, Wagner KD. Response to a letter re: Paroxetine in major depression. J Am Acad Child Adolesc Psychiatry. 2003 May;42(5):514-5.

37. Dunner DL, Blier P, Keller MB, Pollack MH, Thase ME, Zajecka JM. Preventing Recurrent Depression: Long-Term Treatment for Major Depressive Disorder (from the roundtable meeting.) J Clin Psychiatry. 2007 Apr;68(4):619-30.

38. Dunner DL, Blier P, Keller MB, Pollack MH, Thase ME, Zajecka JM. Preventing Recurrent Depression: Long-Term Treatment for Major Depressive Disorder (from the roundtable meeting.) Prim Care Companion J Clin Psychiatry. 2007;9(3):214-23.

INVITED PRESENTATIONS (SINCE 1997):

1997:

National Conferences and Grand Rounds

"The Long-Term Treatment of Depression." Dallas, Texas. February 7, 1997.

"The Long-Term Treatment of Depression." Los Angeles, California. February 11, 1997.

"Brown Brain Science Day," Chairperson. Brown University, Providence, Rhode Island. April 3, 1997.

"Comorbidity Factors and the Treatment of Depression," Symposium Chairperson. American Psychiatric Association Annual Meeting. San Diego, California. May 17, 1997.

"Treatment of Chronic Depression," American Psychiatric Association Annual Meeting. San Diego, California. May 20, 1997.

"Recurrent Unipolar Major Depression is a Life-long Illness that Requires Life-long Treatment. Yes, no, maybe and if only there were one more study . . . ." Distinguished Psychiatrist Lecturer, American Psychiatric Association Annual Meeting. San Diego, California. May 22, 1997.

"The Long-term Treatment of Depression," Advances in Mood Disorders and Schizophrenia: Diagnoses, Biology and Treatment. Annual Symposium for Psychiatry Residents from all US Medical Schools. Palm Beach, Florida. September 5, 1997.

"The Long-term Treatment of Depression," Long-term Management of Depression Symposium. Boston, Massachusetts. October 3, 1997.

"Pharmacotherapy of Mood Disorders," Psychopharmacology: An Update Conference. Syracuse, New York, October 16, 1997.

"Long-term Treatment of Recurrent Unipolar Depression, Major Depression and Chronic Major Depression," Jan Fawcett, MD, 25-Year Celebration. Chicago, Illinois. October 17, 1997.

"Comorbidity Factors and the Treatment of Depression," Symposium Chairperson, American Psychiatric Association 49th Institute on Psychiatric Services. Washington, DC, October, 25, 1997.

"What are the Implications of Failing to Achieve Successful Long-term Maintenance of Major Depression?"A Decade of Seratonin Research Neuroscience Conference. Amelia Island, Florida. November, 17, 1997.

"Sertraline Maintenance Therapy in Chronic Depression," Poster, American College of Neuropsychopharmacology Annual Meeting. Kamuela, Hawaii. December 8, 1997.

International Conferences

"The SSRI Revolution: How Far Have We Come?" Symposium Chairperson, 6th World Congress of Biological Psychiatry. Nice, France. June 24, 1997.

"Social Phobia: Five Years of Prospective Data," 6th World Congress of Biological Psychiatry. Nice, France. June 24, 1997.

"Patient Concerns In Chronic Depression: Impact On Adherence To Treatment," Symposium Chairperson. 6th World Congress of Biological Psychiatry. Nice, France. June 25, 1997.

"Double Depression: A Distinctive Subtype of Unipolar Depression," 6th World Congress of Biological Psychiatry. Nice, France. June 26, 1997.

"Social Phobia: Five Years of Prospective Data," 10th European College of Neuropsychopharmacology Congress. Vienna, Austria. September 15, 1997.

"Social Phobia and Panic Disorder: Five Years of Prospective Data," 10th European College of Neuropsychopharmacology Congress. Vienna, Austria. September 15, 1997.

1998:

National Conferences and Grand Rounds

1. "Is the Clinical Course of Anxiety Disorders Just Too Much Worrying or a Life-threatening Pernicious Illness?" Dartmouth COOP Annual Meeting. Hanover, New Hampshire. January 30 & Feb 1, 1998.
2. "Is Continuation and Maintenance Treatment Warranted for Unipolar Major Depression? Yes, No, Maybe?" Dartmouth COOP Annual Meeting. Hanover, New Hampshire. January 30 & Feb 1, 1998.
3. "Long-term Treatment of Recurrent and Chronic Depression," Department of Psychiatry Grand Rounds, University of Pennsylvania. Philadelphia, Pennsylvania. April 16, 1998.
4. "Preventing the Recurrence of Chronic Depression," National Psychiatry Speakers Alliance. Toronto, Canada. May 29, 1998.
5. "Epidemiology, Clinical Course and Treatment Efficacy of Chronic Depression," 151st American Psychiatric Association Annual Meeting. Toronto, Canada. May 31, 1998.
6. "Management of Mental Disorders in Baby Boomers and Beyond," Symposium Chairperson, 151st American Psychiatric Association Annual Meeting. Toronto, Canada. May 31, 1998.
7. "Paroxetine and Imipramine in the Treatment of Adolescent Depression," New Research Presentation, 151st American Psychiatric Association Annual Meeting. Toronto, Canada. May 31, 1998.
8. "Long-term Treatment of Recurrent and Chronic Depression," Annual Psychiatry Residents Symposium. Palm Beach, Florida. September 11, 1998.

9. "Long-term Treatment of Recurrent and Chronic Depression," Chairperson, Looking Up: Improving the Management of Depression Faculty Training Meeting. Atlanta, Georgia. September 25-27, 1998.
10. "Long-term Treatment of Chronic and Recurrent Depression," Department of Psychiatry Grand Rounds, Dartmouth College School of Medicine. Hanover, New Hampshire. September 29, 1998.
11. "Depression and its Impact on the Body and Mind," Symposium Chairperson, American Psychiatric Association 50th Institute on Psychiatric Services. Los Angeles, California, October 3, 1998.
12. "New Research Findings in the Course and Treatment of Recurrent and Chronic Depression," American Psychiatric Association 50th Institute on Psychiatric Services. Los Angeles, California. October 3, 1998.

International Conferences

1. "Long-term Treatment of Recurrent and Chronic Depression," 2nd Worldwide Psychiatry Speakers' Bureau Meeting. Marrakech, Morocco. March 6, 1998.
2. "The Treatment of Depression with Selective Serotonin Reuptake Inhibitors: A Decade of Discovery," Program Chair and Presenter. Berlin, Germany. March 20-23, 1998.
3. "Long-term Treatment of Recurrent Depression," 21st Colleguim Internationale Neurpsychopharmacologicum (CINP) Congress. Glasgow, Scotland. July 14, 1998.
4. "Long-term Treatment of Chronic Depression: Beyond SSRIs," Program Chair and Presenter, 11th European College of Neuropsychopharmacology Congress (ECNP). Paris, France. October 31-November 4, 1998.
5. "Clinical Course, Morbidity and Undertreatment of Panic Disorder and Social Phobia." 11th European College of Neuropsychopharmacology Congress (ECNP). Paris, France. October 31-November 4, 1998.
6. "Treatment of Depression and Management of Side Effects," Program Chair. 11th European College of Neuropsychopharmacology Congress (ECNP). Paris, France. October 31-November 4, 1998.
7. "Social Functioning and Depression: Looking Beyond the Symptoms." Putting Patients First–The Importance of Social Functioning, 11th European College of Neuro-psychopharmacology Congress (ECNP). Paris, France. October 31-November 4, 1998.
8. "The Impact of Pharmacotherapy on Social Functioning." Global Taskforce on Social Functioning, 11th European College of Neuropsychopharmacology Congress (ECNP). Paris, France. October 31-November 4, 1998.

Other Presentations

1. "The Long-term Treatment of Depression," http://www.cmece.com/courses/psychiatry/ltd/. Internet CME Presentation, launch date: February 13, 1998.

2. "Current Issues in Antidepressant Treatment: Long-term Treatment of Depression," Program Chair and Presenter. Strategic Implications International Teleconference Series, Spring–Fall 1998.

1999:

National Conferences and Grand Rounds

1. "The Diagnosis, Clinical Course and Management of Anxiety Disorders in Psychiatric and Primary Care Settings," Memorial Hospital, Grand Rounds. Pawtucket, Rhode Island. January 14, 1999.
2. "Long-term Treatment of Depression," Harvard University School of Medicine, Grand Rounds. Boston, Massachusetts. January 26, 1999.
3. "Long-term Treatment of Recurrent and Chronic Depression," Harbor/UCLA Medical Center, Grand Rounds. Los Angeles, California. March 24, 1999.
4. "Anxiety Disorders: The Long-term, Naturalistic Course and Outcome and Strategies to Treat Anxiety with Comorbid Depression," Dartmouth School of Medicine, Grand Rounds. Hanover, New Hampshire. March 30, 1999.
5. "Chronic Depression–Psychotherapy and Pharmacotherapy: Additive or Synergistic?" 152nd American Psychiatric Association Annual Meeting. Washington, DC. May 16, 1999.
6. "Management of Mental Disorders in Baby Boomers and Beyond," Symposium Chairperson, 152nd American Psychiatric Association Annual Meeting. Washington, DC. May 18, 1999.
7. "Nefazodone HCL, Cognitive Behavioral Analysis System of Psychotherapy (CBASP) and Combination Therapy for the Acute Treatment of Chronic Depression," New Research Presentation, 152nd American Psychiatric Association Annual Meeting. Washington, DC. May 19, 1999.
8. "Chronic Depression–Psychotherapy and Pharmacotherapy: Additive or Synergistic?" Visiting Faculty Program. New York, New York. September 29, 1999.
9. "What Are the Implications of Failing to Achieve Successful Long-Term Maintenance of Major Depression?" New York University School of Medicine, Grand Rounds. New York, New York. September 30, 1999.
10. "The Efficacy of Psychotherapy and Pharmacotherapy in the Treatment of Chronic Depression," 51st Annual Meeting of the Institute on Psychiatric Services. New Orleans, Louisiana. November 1, 1999.
11. "Chronic Depression–Psychotherapy and Pharmacotherapy: Additive or Synergistic?" Sloan Kettering Hospital, Grand Rounds. New York, New York. November 12, 1999.

International Conferences

"The Long-term Treatment of Depression," Monte Carlo. February 26, 1999.

"Reboxetine: Improving Patients' Energy, Interest and Motivation," Istanbul, Turkey. March 13, 1999.

"Chronic Depression: Management Strategies," Barcelona, Spain. April 12, 1999.

"Social Phobia, Panic Disorder, and Generalized Anxiety Disorder: Five Years of Prospective Data," 12th European College of Neuropsychopharmacology Congress, London, UK. September 22, 1999.

"Consequences of Long-Term Anxiety," 12th European College of Neuropsychopharmacology Congress, London, UK. September 22, 1999.

"New Visions in Antidepressant Treatment: The Importance of Early and Sustained Efficacy," 12th European College of Neuropsychopharmacology Congress, London, UK. September 24, 1999.

Other Presentations

"State-of-the-art Update in the Management of Depression: Long-term Treatment of Depression," Strategic Implications International CME Teleconference Series. Spring-Fall, 1999.

"Strategies for the Management of Chronic Depression," PsychLINK Live CME television program. March 10, 1999.

"The Long-term Treatment of Recurrent and Chronic Depression," August A. Fink Foundation CME Teleconference Series. Spring-Fall, 1999.

"Treating and Living with Affective Disorders," Harbor Healthcare Management CME Symposium. October 7, 1999.

2000:

National Conferences and Grand Rounds

1. "The Long-Term Treatment of Recurrent and Chronic Depression: Definitive Data and Unresolved Issues," Mt. Sinai Medical Center, Grand Rounds. New York, New York. February 8, 2000.
2. "The Long-Term Treatment of Recurrent and Chronic Depression: Definitive Data and Unresolved Issues," Duke University, Grand Rounds. Raleigh-Durham, North Carolina. March 16, 2000.
3. "The Long-Term Treatment of Recurrent and Chronic Depression: Definitive Data and Unresolved Issues," Johns Hopkins University, Grand Rounds. Baltimore, Maryland. May 2, 2000.
4. "Mood Disorders across the Life Cycle," National Psychiatry Alliance, Chicago, Illinois. May 12, 2000.

5. "Chronic Depression: Preventing Recurrence," National Psychiatry Alliance, Chicago, Illinois. May 12, 2000.
6. "Novel Treatments for Depression" 153rd American Psychiatric Association Annual Meeting. Chicago, Illinois. May 14, 2000.
7. "New Treatment Findings on Combining Pharmacotherapy and Psychotherapy for Chronic Depression" 153rd American Psychiatric Association Annual Meeting. Chicago, Illinois. May 16, 2000.
8. "The Long-Term Treatment of Recurrent and Chronic Depression: Definitive Data and Unresolved Issues," Reading Hospital and Medical Center, Grand Rounds. Reading, Pennsylvania. September 26, 2000.
9. "The Long-Term Treatment of Recurrent and Chronic Depression: Definitive Data and Unresolved Issues," Ohio State University, Grand Rounds. Columbus, Ohio. October 11, 2000.
10. "The Long-Term Treatment of Recurrent and Chronic Depression: Definitive Data and Unresolved Issues," University of Massachusetts Medical Center, Grand Rounds. Worcester, MA. October 12, 2000.
11. "What is the Optimal Treatment for Chronic Depression? Psychotherapy or Pharmacotherapy: Additive or Synergistic?" American Psychiatric Institute 2000 Meeting of the Institute on Psychiatric Services. Philadelphia, Pennsylvania. October 26, 2000.
12. "The Long-Term Treatment of Recurrent and Chronic Depression: Definitive Data and Unresolved Issues," American Psychiatric Institute 2000 Meeting of the Institute on Psychiatric Services. Philadelphia, Pennsylvania. October 26, 2000.

International Conferences

1. "State-of-the-art Update in the Management of Depression: Long-term Treatment of Depression,"Strategic Implications International CME Teleconference Series, January–April, 2000.
2. "Antidepressant compliance and effective treatment outcome in depression," 23rd Colleguim Internationale Neuropsychopharmacologicum (CINP), Brussels, Belgium. July 10, 2000.
3. "Clinical presentation of generalized anxiety disorder," 23rd Colleguim Internationale Neuropsychopharmacologicum (CINP), Brussels, Belgium. July 11, 2000.
4. "What is the optimal treatment for chronic depression: Psychotherapy and pharmacotherapy: Additive or synergistic?"23rd Colleguim Internationale Neuro-psychopharmacologicum (CINP), Brussels, Belgium. July 11, 2000.
5. "The long-term treatment of chronic major depression and double depression: Psychotherapy and pharmacotherapy," 23rd Colleguim Internationale Neuropsycho-pharmacologicum (CINP), Brussels, Belgium. July 12, 2000.
6. "Mood and anxiety disorders in the 21st century," Ministers of Health Meetings, Seoul, Korea; and Beijing, Shanghai, Hong Kong, Taipei, China. September 3-24, 2000.

Other Presentations

1. "State-of-the-art Update in the Management of Depression: Long-term Treatment of Depression," Strategic Implications International CME Teleconference Series, January-April, 2000.
2. "Clinical Challenges in the Treatment of Depression," Nationwide Teleconference Series. January 2000.

2001:

National Conferences and Grand Rounds

"The Long-Term Treatment of Recurrent and Chronic Depression: Definitive Data and Unresolved Issues," Mt. Sinai Medical Center, Grand Rounds, New York, New York. February 8, 2001.

"The Long-Term Course and Treatment of Chronic Depression with Pharmacotherapy and Psychotherapy in the New Millennium: Where We Are and Where We Should Be Going," American College of Psychiatrists Annual Meeting, Tucson, Arizona. February 22-23, 2001.

"The Long-Term Treatment of Recurrent and Chronic Depression: Definitive Data and Unresolved Issues," Johns Hopkins University, Grand Rounds. Baltimore, Maryland. May 2, 2001.

"Mood Disorders Across the Life Cycle," National Psychiatry Alliance, Chicago, Illinois. May 12, 2001.

"Chronic Depression: Preventing Recurrence," National Psychiatry Alliance, Chicago, Illinois. May 12, 2001.

"Novel Treatments for Depression" 154th American Psychiatric Association Annual Meeting. New Orleans, Louisiana. May 14, 2000.

"New Treatment Findings on Combining Pharmacotherapy and Psychotherapy for Chronic Depression" 154th American Psychiatric Association Annual Meeting. New Orleans, Louisiana. May 15, 2001.

"Social Phobia and Panic Disorder: Five Years of Prospective Data," Global Research on Anxiety and Depression Network Meeting. Washington, DC. May 10–11, 2001.

"The Diagnosis, Clinical Course, and Management of Depression in Adolescents and Young Adults," Suicide on College Campuses Roundtable, Washington, DC. May 23–24, 2001.

"Social Phobia: Eight Years of Prospective Data," Global Research on Anxiety and Depression (GRAD), Martha's Vineyard, Massachusetts. October 4–6, 2001.

"Reality Check: Real-World Considerations in the Treatment of Mood and Anxiety Disorders." Chair of symposium. American Psychiatric Association, Institute of Psychiatric Services Annual Meeting, Orlando, Florida. October 11, 2001.

"The Long-Term Course and Treatment of Chronic Depression with Pharmacotherapy and Psychotherapy," Stanford University, Grand Rounds, Stanford, California. November 1, 2001.

International Conferences

1. "Rationale and options for long-term treatment," Budapest, Hungary. March 29-April 1, 2001.

Other Presentations

"State-of-the-art Update in the Management of Depression: Long-term Treatment of Depression," Strategic Implications International CME Teleconference Series, January-April, 2000.

"Clinical Challenges in the Treatment of Depression," Nationwide Teleconference Series. January 2000.

"Managing Patients with Generalized Anxiety Disorder and Depression," Nationwide teleconference series, February-June, 2001.

"The Chronically Depressed Patient," Online CME Broadcast Program, Neuropsychiatric Institute, University of California at Los Angeles, April 6, 2001.

"The burden of depressive disorders. New standards in psychiatry: Optimizing outcomes." Postgrad Institute for Medicine, Trevose, PA: Summer 2001.

"New options for the treatment of depression." Journal of Clinical Psychiatry Online Insight (Online CME Activity): October 2001.

2002:

National Conferences and Grand Rounds

1. "Clinical Management of Patients Failing to Respond to Monotherapy and Patients with Treatment-Refractory Depression," Global Neuroscience Summit, Scottsdale, Arizona. March 16, 2002.
2. "Mood and Social Anxiety Disorders: Long-term Management and Treatment Strategies," Global Neuroscience Summit, Scottsdale, Arizona. March 17, 2002.
3. "New Advances in the Management of Depression," National Conference of Anxiety Disorders Association of America, Austin, Texas. March 21, 2002.
4. "A Prospective Naturalistic 8-year Follow-up of Panic Disorder and Social Phobia," Keynote address, National Conference of Anxiety Disorders Association of America, Austin, Texas. March 22, 2002.
5. "Pharmacotherapy and Psychotherapy: New data on the Long-term Treatment of Chronic Major Depression," Future Leaders in Psychiatry Meeting, Miami, Florida. April 12, 2002.
6. "Atypical Depression: Overview and New Developments," Discussant, Symposium, 155th Annual Meeting of the American Psychiatric Association, Philadelphia, Pennsylvania. May 19, 2002.
7. "Major Depression: Current Treatment Guidelines, Practices and Effectiveness Research," Discussant, Symposium, 155th Annual Meeting of the American Psychiatric Association, Philadelphia, Pennsylvania. May 21, 2002.

8. "Exploring the Facets of Depression: Examining Medical and Psychiatric Comorbidities," Chair, Symposium, APA's Institute on Psychiatric Services (IPS) Meeting. Chicago, Illinois. October 11, 2002.
9. "Diagnosis and Treatment of Depression with Comorbid Anxiety (GAD, SAD, or Panic Disorder)," The Primary Care of Mood Disorders Symposium, Primary Medicine Today (Pri-Med) East conference, Boston, Massachusetts. November 7, 2002.
10. "Key Considerations in Choosing an Antidepressant," Primary Care Roundtable on Depression, Boston, Massachusetts. November 22, 2002.

International Conferences and Meetings

Global Neuroscience Summit, Melbourne, Victoria, Australia. February 1-2, 2002:

1. "Clinical Management of Patients Failing to Respond to Monotherapy and Patients with Treatment-Refractory Depression."
2. "Trends in the Treatment of Major Depressive Disorder and Generalized Anxiety Disorder."
3. "Mood And Social Anxiety Disorders: Long-Term Management and Treatment Strategies."
4. "Diagnosis and Treatment of Depression and Co-Morbid Anxiety Disorders."

Grand Rounds and other forums, Melbourne, Victoria; Sydney, New South Wales; and Brisbane, Queensland. February 4-7, 2002:

5. "The Long-Term Treatment of Depression and Generalized Anxiety Disorders."
6. "The Diagnosis and Treatment of Depression and Co-Morbid Anxiety Disorders."
7. "New Treatment Strategies in the Management Of Depression."
8. "The Diagnosis and Treatment of Chronic Major Depression."
9. "The Treatment of Depression in the New Millennium."

Global Neuroscience Summit, Paris, France. March 8-9, 2002:

10. "Clinical Management of Patients Failing to Respond to Monotherapy and Patients with Treatment-Refractory Depression."
11. "Trends in the Treatment of Major Depressive Disorder and Generalized Anxiety Disorder"
12. "Mood and Social Anxiety Disorders: Long-Term Management and Treatment Strategies"
13. "Rationale and Options for Long-Term Treatment of Depression," Depression: Scientific Experts Meeting IV, Cannes, France. April 5, 2002.

2nd Worldwide Neuroscience Consultants Forum, Lisbon, Portugal:

14. "Mood and Anxiety Disorders: Long-Term Management and Treatment Strategies," Workshop Leader. April 28, 2002.
15. "Re-Evaluating Treatment Outcomes: Defining Meaningful Improvement for Patients," Chair, Plenary Session. April 29, 2002.

Other Presentations

1. "The Concept and Implementation of Methodology to Study Remission in Anxiety and Depressive Disorders," Remission Across Depression and Anxiety Meeting, Vail, Colorado. February 26, 2002.
2. "Acute, Continuation, and Long-term Treatment for Depression: Do all medications have similar efficacy," Chestnut Hill, Massachusetts. September 25, 2002.

2003:

National Conferences and Grand Rounds

1. "Course of Bipolar Disorder across the Lifespan," Bipolar Care OPTIONS National Faculty Meeting, New York, New York. February 12, 2003; Regional Meeting presentation, Boston, Massachusetts. May 10, 2003.
2. "Striving to Heal the Mind: The Challenge of PTSD," Chair, Symposium, 156th Annual Meeting of the American Psychiatric Association, San Francisco, California. May 21, 2003.
3. "The Long-Term Treatment of Chronic and Major Depression," Grand Rounds, Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, California. November 6, 2003.

Other Presentations

1. "Remission versus Response: The New Gold Standard of Antidepressant Care," Pharmacologic Treatments of Major Depression: Are Two Mechanisms Really Better Than One? (Roundtable), New York, New York. February 10, 2003.
2. "How Do Antidepressants Work?" New Generation of Antidepressants: Truly Better or Much Ado about Nothing? (Duke University Medical Center's Psychiatry & Behavioral Sciences Program Series), Philadelphia, Pennsylvania; New York, New York; and Boston, Massachusetts. February 14, 15, & 16, 2003.
3. "Clinical Management of Patients Failing to Respond to Monotherapy and Patients with Treatment-Refractory Depression," (roundtable). Emory University, Atlanta, Georgia. September 28, 2003.

2004:

National Conferences and Grand Rounds

1. "The Long-Term Treatment of Chronic and Major Depression," Grand Rounds (acceptance speech by Dr. Keller as the recipient of the Edward A. Strecker, MD, award), Department of Psychiatry, University of Pennsylvania, Philadelphia, Pennsylvania. January 8, 2004.
2. "Course and Outcome of GAD, Panic Disorder with and without Agoraphobia, and Social Phobia," Second Annual Psychiatric Annals Symposium, New York, New York. March 26, 2004.
3. "The Long-Term Treatment of Recurrent and Chronic Major Depression in 2004: Where Are We and Where Are We Going?" Future Leaders in Psychiatry Symposium, Emory University, West Palm Beach, Florida. April 16, 2004.
4. "The Many Faces of Anxiety: Origins, Pathogenesis, and Management," Chair, Symposium at the 157th Annual Meeting of the American Psychiatric Association, New York, New York. May 2, 2004.
5. "Treatment-Resistant Depression Registry," Symposium on Treatment-Resistant Depression, 157th Annual Meeting of the American Psychiatric Association, New York, New York. May 5, 2004.
6. "Treating Anxiety and Depression: A Look to Utilizing Antidepressants," American Academy of Family Physicians Meeting, Orlando, Florida. October 13, 2004.

International Conferences and Meetings

1. "The Long-Term Treatment of Chronic Major Depression in 2004: Where Are We and Where Are We Going?" U.S.-Cuba Neuroscience Summit, Havana, Cuba. January 17, 2004.
2. "Beyond Depression and Anxiety: Understanding Treatment Myths and Facts," Chair, Satellite Symposium at the 17th ECNP Meeting, Stockholm, Sweden. October 9, 2004.
3. "SSRIs and SNRIs: Perceptions, Facts, and Clinical Outcomes in Unipolar Major Depression," 17th ECNP Meeting, Stockholm, Sweden. October 9, 2004.

Other Presentations

1. "Advances in the Long-Term Treatment of Recurrent and Chronic Depression," Live CME webcast (accredited by Emory University School of Medicine), Washington, DC. September 13, 2004.
2. "The Long-Term Course and Treatment of Anxiety Disorders: Current Knowledge and Future Directions," Innovations in Mental Health Symposium, Skyland Trail, Atlanta, Georgia. November 1, 2004.

2005:

National Conferences and Grand Rounds

1. "The Long-Term Treatment of Recurrent and Chronic Major Depression in 2005: Where Are We and Where Are We Going?" Future Leaders in Psychiatry Symposium, Emory University, West Palm Beach, Florida. April 16, 2005.
2. "Diagnosis, Long-Term Course, and Treatment of GAD: Current Knowledge and Future Directions," Grand Rounds, Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, California. April 21, 2005.
3. "Comorbid Depression and Anxiety: When to Start and Continue with Psychotherapy and Pharmacotherapy," as part of symposium "The Impact of Depression and Anxiety on Wellbeing across the Lifecycle," at The 158th Annual Meeting of The American Psychiatric Association, Atlanta, Georgia. May 21, 2005.
4. "Current and Future Treatments of Major Depressive Disorder and Anxiety Disorders," as part of and Chair of symposium "Untangling Depression and Anxiety: A Challenge for Scientists and Clinicians," at The 158th Annual Meeting of The American Psychiatric Association, Atlanta, Georgia. May 22, 2005.
5. "Suicide in College Students: Myths, Facts and a Call to Action," (acceptance speech by Dr. Keller as the recipient of the "Voice of Mental Health Award" from the JED Foundation), 2005 JED Foundation Annual Award Ceremony, Carnegie Hall, New York, NY. June 8, 2005.

2006:

National Conferences and Grand Rounds

1. "The Long-Term Treatment of Recurrent and Chronic Major Depression: New Paths and Future Directions" Future Leaders in Psychiatry Symposium, West Palm Beach, Florida. May 6, 2006.
2. "Insomnia: Symptom, Syndrome or Disorder," as part of symposium "Insomnia from the Inside-Out (From Neuroscience to Clinical Experience to Public Policy)," at The 159th Annual Meeting of The American Psychiatric Association, Toronto, Ontario, Canada. May 21, 2006.
3. "The Long-Term Treatment of Recurrent Major Depression: New Paths and Future Directions," as part of and Chair of symposium "The Long-Term Clinical Court and Treatment of Recurrent Major Depression in 2006: New Paths and Future Directions," at The 159th Annual Meeting of The American Psychiatric Association, Toronto, Ontario, Canada. May 21, 2006.
4. "An Overview of Depression Registries," as part of symposium "The Past, Present, and Future Therapies for Treatment-Resistant Depression," at the 29th CINP Meeting, Chicago, Illinois. July 9, 2006.

2007:

1. "Preventing Recurrent Depression: Long-Term Treatment of Major Depressive Disorder," http://www.medfair.com. Internet CME Activity, launch date: February 1, 2007. Blier P, Keller MB, Pollack MH, Thase ME, Zajecka JM, Dunner DL. J Clin Psychiatry. 2007 Mar;68(3):e06.
2. "The Long-Term Treatment of Recurrent and Chronic Depression in 2007 with Pharmacotherapy, Psychotherapy and the Combination: Different Studies with Different Outcomes- What's The Clinician To Do?" Grand Rounds, Department of Psychiatry and Behavioral Sciences, Northwestern University, Feinberg School of Medicine, Chicago, IL. April 18, 2007.
3. "Pharmacological Management of Depression in the Post-Star*D Era." American Conference of Psychiatric Disorders, New York, NY. September 7, 2007.

GRANT AWARDS: COMPLETED RESEARCH PROJECTS

FUNDING AGENCY	TITLE OF GRANT	DATES	TOTAL DIRECT COSTS	DR. KELLER'S ROLE
1) NIMH	Children at Risk for Affective Disorders	1980-1985	$522,033	Co-PI
2) NIMH	Lithium Levels and Neuroleptics in Bipolar Patients	1982-1989	$1,377,664	Co-PI
3) NIMH	A Follow-up Study of Children with Affective Disorders	1987-1992	$741,471	PI
4) NIMH	A Controlled Family Study of Attention Deficit Disorder	1988-1991	$709,448	Co-PI
5) NIMH	APA Field Trial on Major Depression, Dysthymia and Minor Depression	1990-1993	$100,000	PI and Chair for 5 sites
6) NIMH	Family Treatment of Bipolar Disorder	1992-1998	$769,209	Consultant
7) NIMH	Lithium Prophylaxis in Adolescents with Bipolar Illness	1992-2002	$1,888,797 Brown University site; Total funding approx. $5,500,000	PI and Member of Steering Committee for 3-site Study
8) NIMH #T32 MH19987	Research Training in Combined Treatment Modalities	1997-2002	$1,126,570	Co-PI; M. Tracie Shea, PhD
9) Wm. T. Grant Foundation, Psychopathol -ogy	Psychopathology, Adaptation and Coping in Children at Risk for Affective Disorders	1981-1986	$268,000	Co-PI
10) MacArthur Foundation	Network I Core Laboratory for Longitudinal Studies	1989-1992	$120,477	PI
11) E. Merck Industries, Inc. Pharma Division	A Phase III, Randomized Double Blind, Dose Finding Study of Roxindole vs. Placebo in Depressed Outpatients	1993-1994	$229,380	PI
12) The Upjohn Company	Platelet MAO Levels in Affective Disorders	1980-1984	$100,000	PI
13) The Upjohn Company	Influence of Depression on Treating Panic Disorder	1986-1992	$508,000	PI
14) The Upjohn Company	Detection of Anxiety and Depression among Patients in Family Medicine Practices	1991-2000	$203,597 Brown University site	PI

GRANT AWARDS: COMPLETED RESEARCH PROJECTS (CONT'D)

FUNDING AGENCY	TITLE OF GRANT	DATES	TOTAL DIRECT COSTS	DR. KELLER'S ROLE
15) The Upjohn Company	Harvard Brown Anxiety Research Program	1994-1995	$2,382,442	PI and Chair of 12-Medical Center Study
16) Hoffman LaRoche	Randomized Clinical Trial to Establish the Efficacy of Treating Social Phobia	1992-1994	$225,000	Co-PI
17) Pfizer, Inc.	Acute and Continuation Randomized Clinical Trials to Establish the Efficacy of Treating Dysthymia	1992-1995	$150,000	Co-PI
18) Pfizer, Inc.	Randomized Clinical Trials to Establish the Efficacy of Treating Generalized Anxiety Disorder	1992-1993	$56,000	Co-PI
19) Pfizer, Inc.	Safety and Efficacy of 3 Doses of Oral CP-88,059-1 in Acute Schizophrenia	1992-1993	$79,695	Co-PI
20) Pfizer, Inc.	Acute, Continuation, and Maintenance Crossover Randomized Clinical Trials to Establish the Efficacy of Treating Double Depression	1992-1998	$1,060,000; Brown University site; Total funding approx. $13,000,000	PI and Chair for 12-Medical Center Study
21) Pfizer, Inc.	Acute, Continuation, and Maintenance Crossover Randomized Clinical Trials to Establish the Efficacy of Treating Chronic Major Depression	1992-1998	$620,000 Brown University site; Total funding approx. $7,000,000	PI and Chair for 12-Medical Center Study
22) Pfizer, Inc.	Double-Blind Parallel Comparison of Sertraline and Placebo in Patients with a DSM-IV Diagnosis of Alcohol Dependence and Co-Morbid Depression	1996-1999	$236,000 Brown University site; Total funding approx. $5,000,000 (administered by Roger Williams Med Ctr/Butler Hospital)	PI and Chair for 12-Medical Center Study
23) Pfizer, Inc.	An 8-Week Parallel-Group, Double-Blind, Placebo Controlled Study of Sertraline in the Treatment of Elderly Outpatients with Major Depression	1997-1998	$71,250 Brown University site; (administered by Butler Hospital)	PI
24) Pfizer, Inc.	An 8-Week, Multicenter, Parallel-Group, Double-Blind, Placebo Controlled Study of St. John's Wort in Outpatients with DSM-IV Major Depression	1998-2001	$200,000 Brown University site; (administered by Lifespan at RI Hospital)	PI and Co-Chair, Steering Committee for 10-Medical Center Study

GRANT AWARDS: COMPLETED RESEARCH PROJECTS (CONT'D)

FUNDING AGENCY	TITLE OF GRANT	DATES	TOTAL DIRECT COSTS	DR. KELLER'S ROLE
25) SmithKline Beecham	A Multi-center, Double-blind, Placebo Controlled Study of Paroxetine and Imipramine in Adolescents with Unipolar Major Depression	1993-1998	Approx. $800,000 Brown University site; Total funding approx. $5,000,000	PI and Coordinating PI of 12-Medical Center Study
26) SmithKline Beecham	Prospective Naturalistic Follow-up Study of Unipolar Depression in Adolescents	1997-1999	$20,000 Brown University site; Total funding approx. $500,000	PI and Chair for 12-Medical Center Study
27) Bristol-Myers Squibb	Acute, Continuation, Crossover and Maintenance Study of the Treatment of Chronic Major Depression with Cognitive Behavior Therapy alone, Nefazodone Alone, and in Combination	1995-2001	Approx. $960,000 Brown University site; Total funding approx. $25,000,000 (administered by RI Hospital)	PI and Chair for 12-Medical Center Study
28) Bristol-Myers Squibb	A Multisite Study of a Slow Release "Patch" of Buspirone to Treat Children and Adolescents with Attention Deficit Disorder	1997-1998	$100,000 Brown University site (administered by RI Hospital)	PI
29) Organon	Placebo-Controlled Study of Relapse Prevention by Long-Term Treatment with Remeron in Outpatients with Recurrent Major Depressive Episode	1997-1999	$360,000 Brown University site (administered by RI Hospital)	PI and Co-Chair for 12-Medical Center Study
30) Forest Laboratories	An Open-Label Evaluation of the Efficacy, Safety and Dosing of Citalopram in Outpatients with Depression	1998-1999	$40,040 Brown University site (administered by Butler Hospital)	PI
31) Forest Laboratories	A Randomized, Double-Blind, Placebo-Controlled Trial of Citalopram in Depressed Patients at Least 75 Years of Age	1998-2001	$200,000 Brown University site; (administered by Butler Hospital)	PI
32) Wyeth-Ayerst	Double-blind, Placebo-Controlled Study of Treatment of Depression in Adolescents	1998-2000	$196,000 Brown University site	PI
33) Wyeth	An Open-Label Randomized Assessment of the Efficacy and Tolerability of Venlafaxine ER in Selective Serotonin Reuptake Inhibitor (SSRI)-Failure Patients with Major Depression	1999	$81,180 Brown University site (administered at RIH)	Investigator with 3-site study

GRANT AWARDS: CURRENT RESEARCH PROJECTS

FUNDING AGENCY	TITLE OF GRANT	DATES	TOTAL DIRECT COSTS	DR. KELLER'S ROLE
1) NIMH #5R01MH25478-28	Collaborative Depression Study on the Psychobiology of Depression	1976–2009	$7,169,378 Mass General Hospital Brown Univ site; Total funding approx. $32,000,000	PI and Chair for 5-Medical Center Study
2) NIMH #2R01MH51415	The Harvard/Brown Anxiety Research Project (HARP)	1994-2008	$4,205,195 Brown	PI
3) NIMH #R01MH50837	Collaborative Longitudinal Study of Personality Disorders	1996-2009	$2,296,205 Brown University site; Total funding approx. $7,000,000	Co-PI; Member of Steering Committee of 4-Site Study
4) NIMH #R01MH59691	Course and Outcome for Adolescents with Bipolar Illness (COBY)	2000-2011	$3,384,131 Brown; University (with Bradley Hospital subcontract) Total funding approx. $11,000,000	PI and Member of Steering Committee of 3-site Study
5) NIMH #U10MH62014	Treatment of SSRI-Resistant Depression in Adolescents (TORDIA)	2000-2007	$1,007,450 Brown University site; (administered at Brown with RI and Bradley Hospitals subcontract; Total funding approx. $12,600,000	PI and member of Steering Committee for 6-site Study
6) NIMH #1U10 MH61590-01A2	CBASP for Treatment of Chronic Depression (also known as REVAMP: Research Evaluating the Value of Augmenting Medication with Psychotherapy	2002-2009	$1,009,244 Brown University site; Total funding over $9,000,000 (approx.)	PI; Member of Steering Committee
7) Pfizer, Inc.	The Primary Care Anxiety Disorders Program	1997-	$6,952,763 Brown University site	PI
8) Department of Defense	Establishing the Parameters of Virtual Reality Environments in the Treatment of PTSD (VR-PTSD)	2007-2009	$356,000	PI

UNIVERSITY AND HOSPITAL TEACHING ROLES:

Massachusetts General Hospital (Harvard Medical School):

Developed and taught:

1975-1986	Seminar on psychopathology for residents in psychiatry, Massachusetts General Hospital (MGH)
1977-1979	Course on psychopathology, Harvard School of Public Health
1978-1986	Introduction to Psychotherapy seminar for residents and psychology interns, MGH
1980-1986	Clinical Program for Harvard Medical School Students in outpatient psychiatry
1985-1990	Course on affective disorders for residents in psychiatry, MGH
1986-1990	Seminar on research methodology for MGH psychiatry residents, psychology trainees, and faculty

Other teaching roles:

1976-1986	Chair, weekly clinical evaluation conference for residents in psychiatry, MGH
1976-1986	Co-chair, weekly case conference for residents in psychiatry, MGH
1976-1989	Clinical Supervisor of Psychotherapy, MGH
1976-1989	Lecturer in Continuing Medical Education courses, MGH
1977-1980	Clinical Supervisor of Psychotherapy, Boston Institute of Psychotherapy
1985-1990	Course Director, MGH Continuing Medical Education course on Affective Disorders (given bi-annually)

Principal Clinical and Hospital Service Responsibilities, MGH:

1976-1986	Director, General Psychiatry Practice (Ambulatory Psychiatric Services)
1986-1990	Director of Outpatient Research, Department of Psychiatry

Brown University School of Medicine

(Department of Psychiatry & Human Behavior):

1990-1995	Seminar on research for adult psychiatry residents
1990-1996	Director, Post-Graduate Research Fellowship Program
1993-	Chairman's Rounds (weekly rounds with residents in general psychiatry; quarterly rounds with child & adolescent psychiatry and triple-board residents [combined pediatrics, psychiatry, and child & adolescent psychiatry])
1995-	Research Rounds (monthly with full-time faculty at Lifespan and Care New England/VA Medical Center)
2001-	Journal Club (quarterly with residents in general psychiatry)